

Lake County general file Indiana Department of Environmental Management

We make Indiana a cleaner, healthier place to live.

Joseph E. Kernan Governor

Lori F. Kaplan Cómmissioner

September 16, 2004

Northwest Regional Office 8315 Virginia Street, Suite 1 Merrillville, Indiana 46410-9201 (219) 757-0265 (888) 209-8892 Toll Free (219) 757-0267 Fax www.IN.gov/idem

VIA CERTIFIED MAIL

7002 0510 0004 0439 9112

Mr. Tim Brown, Cedar Lake Town Administrator Town of Cedar Lake 7408 Constitution Avenue P.O. Box 707 Cedar Lake, IN 46303

Re:

Inspection Summary/Violation Letter

Town of Cedar Lake Cedar Lake, Lake County

Dear Mr. Brown:

On July 7 and July 9, 2004, a representative of the Indiana Department of Environmental Management, Northwest Regional Office, conducted a complaint investigation of the intersection of 149th Street and Reeder Road, located at Cedar Lake, Indiana. This investigation was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Type of Inspection: Complaint Investigation

Results of Inspection: Violations were observed but corrected during the inspection.

Violations were observed. Violations were observed and will be referred to the Office of

Enforcement.

Over the course of the investigation, it was noted that the Town of Cedar Lake failed to notify the Spill line concerning a spill to the waters of the state. This is a violation of 327 IAC 2-6.1-7.

Within thirty (30) days of receipt of this letter, a written detailed explanation, documenting compliance with each of the requirements listed above, must be submitted to this office. Failure to respond adequately to this Violation Letter may result in a referral to IDEM's Office of Enforcement. Please direct any response to this letter and any questions to Nick Ream at (219) 575-0265. Thank you for your attention to this matter.

Sincerely.

Rick Roudebush, Inspections Section Chief Compliance Branch

Office of Water Quality



NPDES FACILITY VERIFICATION OF INSPECTION

| REVISED 7/7/04

State Form 47989(R3/12-02)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NPDES Permit #:	Facility and Inspection Information			
INPUES Permit #:	Facility Type Code:			
NA .	☐ Major ☐ Minor .	dustry/Semi-Public	☐ 4 = State/Federal	
This is to verify that on 07 /09	2/2//			
	nent of Environmental Management, (ection of the specified facility was cond	ucted by the undersigned	
TYPE OF INSPECTION:	nerit of Environmental Management,	once of water quality.	•	
	tion (C)	Multimedia Coronina Cunt		
Compliance Evaluation Inspection (C) Reconnaissance Inspection (R)		Multimedia Screening Evalu	• •	
Industrial User Inspection (I)	y	Combined Sewer Overflow Compliance Sampling Inspe		
Sanitary Sewer Overflow (V)		Other Company Of	MACSTIC BATAWICS)	
	ected:	Receiving Waters/POTW:	Permit Expiration Date:	
Name and Location of Facility Inspected: AND 14900 AVE		Not		
Town/City: CEDARLAKE County		CEDARCROSK NE	~ N1 4	
Name(s) of On-Site Representative	s:	Title(s):	Phone: ()	
BILL MALACHAR		PUB. WORKS DIR	Fax: ()	
TIM BROWN		_ , _ , _ , _ ,	Phone: ()	
11.1.000000		TOUR ADMIN.		
Certified Operator:	Number:	Class	Fax: ()	
A) A	Number.	Class:	☐ Full Time ☐ Part Time	
POPE	Renewal Effective Date:	Expiration Date:	Hours per Week:	
	NA	NA	NA NA	
Name and Address of Responsible	Official:	Title:	Phone: (219) 374-4462	
7400 CONSTITUTION A	lenue	TOWN ADMIN.	Fax: ()	
DA. 16010707		Contacted: ÆYes □ No	Facility Design Flow:	
CEDAR LAKE IN 4630		NP		
		ated During Inspection		
Receiving Waters Appearance		atisfactory, N = Not Evaluated, NA = N		
Effluent Appearance	Operation	Self-Monitoring Program	Compliance Schedules	
Permit	 ✓ Maintenance 	Flow Measurement	Pretreatment	
N CSO/SSO (Sewer Overflow)	Sludge Disposal	Laboratory Records/Reports(1)	Effluent Limits Violations	
4 COOPCOO (COWER OVERNOW)		ection/Screening Findings*	Other:	
*These findings are considered p	reliminary and include specific matters	s discovered during the inspection that t	he designated agent of the	
department believes may be a vic	plation of law or a permit issued by the	denartment	he designated agent of the	
Single Media Inspection:	, and a position of a position			
•	as were discovered with respect to the	particular items observed during the ins		
Potential vi	plations were discovered but corrected	particular items observed during the ins	spection. (5)	
Potential vid	plations were discovered and require	a submittal and/or follow-up inspection.	(0)	
		referred to our Office of Enforcement. (1)		
	nformation/review is required to evalua		1	
Other	nomination to require to evaluation	to overall compliance.		
	Unsatisfactory Ratings - Including	Pule or Permit Citation(s):		
a THE TOWN RECOMME	LUARE OF A 145AV IN A	A FORCE MAIN AT REDUCE 5	T AND HARMANT ON	
(1) THE TOWN BECAME	of accompany and the	CEANS TOLL OUR TOWN	- COMPLIANCE STEEL	
1/4/34 HOU MIM	DE COUCECTIONS ON THE	E SAME DAY. ONG-DEM	to comparable section	
WAS PEOPERLY NOT	IFIED BUT THE SEWA	ige keached the wat	ers of the state	
AND THE IDOM	SPILLINE WAS NOT A	HGE REACHED THE WAT NOTIFIED, THIS IS AVIOLA	110W OF 327 IACZ-6.1-7	
ATTHE TIME OF T	HE INVESTIGATION, THE	REPAIRS WERE COMPLETED	AND NO OVERFLOW	
15 OCCUPRING. IT	was confirmed that t	HE Overflow Reached Cet	DAR CREEK.	
•	•			
			1	

Additional Comments Regarding Ma	arginal and Unsatisfactory Ratings	- Including Rule or Permit C	4	
•	•		citation(s):	
				•
•				
•				•
	·	•		
nclusions and Recommendations		- All 1- 299- 232	-77/15	
	e water of the state,			
SPILL WAS LOCATED AND	REPAIRED, THOUGH IT IS	UNKNOWN HOW LON	16 THE GINCH FORCE	- man crack
was leaking.	•			
•				
Iti-Media Screening (please note th	hat a multi-media screening is not a co	omprehensive evaluation of the	e compliance status of the fac	cility):
. /	Screening not conducted.			·····y/.
•	blems or potential violations were disc	covered but corrected during the	he inspection.	•
Potential pro	blems or potential violations were disc	covered and will be referred to	the Office(s) of	
	for further investig	gation and response.		_
	701141	on Prevention		
	eans of environmental protection in Ind			
	facturing processes, so that less envi our company like to be contacted by II			
		Yes X No		•
u have any pollution prevention que	estions, you may contact our Office of	Pollution Prevention and Tech	nnical Assistance at (317) 23	3-5627 or
	eb site at http://www.in.gov/idem/oppt			3 332, 3.
to food on the second and the second	Summary and (Correction Information		
.55 (000) 000 700 TO TO VISIL UIGH WE	noted during the inspection were verb			a the increation. The
mmary of violations and concerns r			e inspection may still be cited	
mmary of violations and concems r ly should correct any deficiencies n	noted as soon as possible. Correction	\	· · · · · · · · · · · · · · · · · · ·	as violations.
ımmary of violations and concerns r	noted as soon as possible. Correction	Written report provi	ded at the conclusion of the i	as violations.
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immary of violations and concems rity should correct any deficiencies n Written inspection summary will be the concentrative: MRepresentative:	noted as soon as possible. Correction be provided within 45 days.	Written report provi If upon subsequent review necessary, a revised repor 45 days. Phone Number	ded at the conclusion of the interpretation, any changes to this report and the subject factorial because the subject factoria	as violations. Inspection. In
mmary of violations and concems rety should correct any deficiencies in Written inspection summary will the Wreak the work of the wo	noted as soon as possible. Correction be provided within 45 days.	Written report provi If upon subsequent review necessary, a revised report 45 days.	ded at the conclusion of the i r, any changes to this report a rt will be sent to the subject fa	as violations. nspection. are deemed acility within
Immary of violations and concems rity should correct any deficiencies n Written inspection summary will be the content of the	noted as soon as possible. Correction be provided within 45 days.	Written report provi If upon subsequent review necessary, a revised repor 45 days. Phone Number	ded at the conclusion of the interpretation, any changes to this report and the subject factorial because the subject factoria	as violations. Inspection. In
mmary of violations and concems rety should correct any deficiencies in Written inspection summary will be a Representative: ed Name CHUAS K ROAM er/Agent Representative/Title: ed Name	noted as soon as possible. Correction be provided within 45 days. Signature Signature	Written report provi If upon subsequent review necessary, a revised report 45 days. Phone Number (214) 757 - 0245	Date Phone Number	as violations. Inspection. Inspection. Inspection. Inspection. Time Inspection. Time Inspection. Out: () Inspection.
mmary of violations and concems rity should correct any deficiencies in Written inspection summary will be the Marie	noted as soon as possible. Correction be provided within 45 days. Signature Signature	Written report provi If upon subsequent review necessary, a revised report 45 days. Phone Number (214) 757 - 0245	ded at the conclusion of the interpretation of the interpretation of the subject for the subje	as violations. Inspection. Inspection. Inspection. Inspection. Time Inspection. Time Inspection. Out: () Inspection.
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M Representative: ted Name ICHUAS K. ZOAM ner/Agent Representative/Title: ted Name ICHUAS K. ZOAM ner/Agent Representative/Title:	signature Signature Signature Signature Signature	Written report provi If upon subsequent review necessary, a revised report 45 days. Phone Number (214) 757 - 0245 Title Town Manager	Date Phone Number (2(9) 374 - 7000)	as violations. Inspection. Inspection. Inspection. Inspection. Time Inspection. Time Inspection. Out: () Inspection.



NPDES FACILITY VERIFICATION OF INSPECTION

State Form 47989(R3/12-02)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NPDES Permit #:	Permit #: Facility Type Code: 1 = Municipality 2 = Industry/Semi-Public 3 = Agricultural 4 = State/Federal Major Minor			
L_ NA				
This is to verify that on07/69/0				
representative of the Indiana Department		Office of Water Quality	ucted by the undersigned	
TYPE OF INSPECTION:		while or water adding.		
Compliance Evaluation Inspection ((C)	Multimedia Screening Evalu	ustion (M)	
Reconnaissance Inspection (R)		Combined Sewer Overflow		
Industrial User Inspection (I)		Combined Sewer Overnow Compliance Sampling Inspe		
Sanitary Sewer Overflow (V)		Other COMPLAINT IN	VESTICATION	
	d	Receiving Waters/POTW:	Permit Expiration Date:	
Name and Location of Facility Inspecte	AND 149 CA AVE	ricociving valicion of vv.	r ennic Expiration Date.	
		NA	-14	
Town/City: CEDARLANE County: LA	MZE	10/3	r√ Δ	
Name(s) of On-Site Representatives:		Title(s):	Phone: ()	
BILL MALACHAR		PUB. WORKS DIR.	` ´	
TIMBEONN		.	Fax: ()	
I IIII DEODA		TOWN ADMIN	Phone: ()	
	<u> </u>		Fax: ()	
Certified Operator:	Number:	Class:		
	NA	A.	☐ Full Time ☐ Part Time	
NA	Renewal Effective Date:	Expiration Date:	Hours per Week:	
	NA	~A	NA	
Name and Address of Responsible Office	cial:	Title:	Phone: (249)374,44462	
TIMBROWN		TOWN HOMIN	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
			Fax: ()	
		Contacted: Ø Yes □ No	Facility Design Flow:	
			NA	
/C Cohint		ted During Inspection		
		itisfactory, N = Not Evaluated, NA = N		
N Effluent Appearance	Facility/Site Operation	Self-Monitoring Program	Compliance Schedules	
	U Maintenance	Flow Measurement	Pretreatment	
N CSO/SSO (Sewer Overflow)	Sludge Disposal	✓ Laboratory✓ Records/Reports	Effluent Limits Violations	
10 COCIOCO (COMOI OVEINOM)		ction/Screening Findings*	Other:	
*These findings are considered prelim	inary and include specific matters	discovered during the inspection that t	he designated agent of the	
department believes may be a violatio			he designated agent of the	
Single Media Inspection:	are a permit located by and	орагиноги.		
, -	ere discovered with respect to the	particular items observed during the ins		
	ons were discovered but corrected		spection. (5)	
Potential violatio	ons were discovered and require a	submittal and/or follow-up inspection.	(2)	
		ferred to our Office of Enforcement. (1)		
Additional inform	nation/review is required to evalua	ite overall compliance		
	manorate view is required to evalue	tte overall compliance.		
Other				
Somments riegarding marginal and ons	ausiaciony haungs – including	rule of Permit Citation(s):		
		<i>,</i>		
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Additional Comments Regarding Ma	arginal and Unsatisfactory Ratings	- Including Rule or Permit C	Citation(s):	
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Conclusions and Recommendations				
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Multi-Media Screening (please note t		omprehensive evaluation of th	e compliance status of the fac	ility):
,	Screening not conducted.			
· ·	oblems or potential violations were disc oblems or potential violations were disc		•	
r oternar pro		gation and response.	The Office(s) of	
		on Prevention		
Pollution prevention is the preferred me	·		•	
commercial operation, especially manu program is entirely voluntary. Would yo	_ ·	_		•
program is criminly voluntary. Would y		Yes X No	chion and rechined Assistan	cc :
If you have any pollution prevention qu			hnical Assistance at (317) 233	-5627 or
toll-free (800) 988-7901 or visit their Wo				
		Correction Information		
A summary of violations and concems facility should correct any deficiencies in				
Written inspection summary will		· /	ided at the conclusion of the in	•
which a openion of the control	be provided main, to days.		v, any changes to this report a	
			ort will be sent to the subject fac	cility within
IDEM Representative:		45 days.		
Printed Name	Signature	Phone Number	Date	Time
	111111111111111111111111111111111111111	/- \	7/2/201	In: 10:15
NICHOUAS K. KEAM Owner/Agent Representative/Title:	Mich KRM	(219)757.0265	7/7/04	Out: 16: 30
Printed Name	Signature	Fille Phore Nuc	Phone Number + Me	Date
Timothy A. Brown	A.Bana	Q9)374-7000	Town Manager	7-9-11
For IDEM Internal Use:	1 Koranda FOVI QUIN	120P1 1914-1000	10000 MONAGEN	107
Section Chieffor Regional Deputy Direct	ctor:	Date:	For:	
X/12/\			☐ Follow-up	□ Enforcement
Distribution: White - Public File: Canary - Site Con	y; Pink - Inspector, Goldenrod - Supervisor		□ NPDES Permits	□ Other
		e 2 of		

(R/10-03)

IDEM

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WATER MANAGEMENT Complaint Investigation Report

100 NORTH SENATE AVENUE P. O. BOX 6015 INDIANAPOLIS, IN 46206-6015

		General In	formation		
Name of Alleged Responsible Party: Town of Cedar Lake			Date Reported: 7/7/04		
Address and Directions Intersection of Reeder and 149 th Street Cedar Lake				County: Lake	
				Receiving Stream:. Cedar Creek and Lake	Dale
Specify name of	RRR;□ RLP; □RAC; □ Cle Inspector, Clerical or Other: NR-Michigan City Post	er.; ☐ Insp.; ☒ Other	Via: ⊠ Phone Fax; ☐ Referral Referred by:	e;	; □Internet; □
Complainant Typ	e: □Individual; ⊠ Anonyn	nous;		Report to Complainan	t?: ☐ Yes ☒ No
Complainant's N NA				PhoneNumber NA	,
Address: NA	5.5.5.5.5			City: NA	
Nature of Compla	int: 🗵 Water Pollution	on; NPDES Facility Fail	lure;	cup;	onding; Other
Description of Co Sewage is leaking	omplaint: into Cedar Creek. The water	is dark green.			3.
Responsible part Town of Cedar Lal	y: (To be completed by Inspec ke	ctor)			
Address/Location 7408 Constitution Cedar Lake, IN 46	Avenue			City: Cedar Lake	
		Respo	ense		
I. First Response	Date:	(visit)			×
II. Investigation	Date: <u>7/7/04</u>				
III. Closed	Date: <u>7/12/04</u>	A. No Action Needed	1. No Problem Obs 2. NPDES Facility (_ _
		B. Referred to Other Age	ency:		
			Phone Nur		_
		C. Compliance Action	1. IS/VL Letter D	ate: <u>7/14/04</u>	×
#			2. OATS Referral D	ate:	
IV. Report Sent	Date:	D. Enforcement Referral	D	ate:	

IDEM	OFFICE OF WAT Complaint Inve	PAGE OF (Complaint: 2 OF 2)	
	Finding	gs of Investigation	
Name(s) of individual(s) contacted:	Title(s):	Phone: () Fax: ()
			Phone: () Fax: ()
			Phone: () Fax: ()
Nature of problem foun	-		
	•		
			•
Samples taken?	☐ Yes ☐ No	Pictures taken?	☐ Yes ☐ No
Is condition a State Wat		☐ Yes ☐ No	
	wastewater without a valid NPDES perm	it? Yes No (P	ermit #:
Does facility need an Ni	PDES permit?	☐ Yes ☐ No	
Comments:			
	•		
Name(s) and Signature(s) of Inspector(s):	Date: C	office/Telephone:

From:

CAROL NEWHOUSE

To:

NICHOLAS REAM

Date:

7/9/04 3:15PM

Subject:

Algal sample

Hello, Nick

Upon microscopic examination, the ditch water sample you sent down from above Lake Dalecarlia appears to be almost entirely made up of Microcystis sp. Microcystis is a blue-green algae, that is native to Indiana. Under the proper conditions it can occur in bloom proportions such as you described over the phone. It can produce toxins at times which are irritating, but fortunately(?) most people won't be tempted to come in contact with water that's filled with such scum. Hopefully, the conditions will change soon and the bloom will pass on with little ill effect on the lake or on fish life in the ditch, etc.

FYI - the following photos are available online at a Purdue website.

Bloom on the water: http://www-cyanosite.bio.purdue.edu/images/lgimages/microcy6.jpg

Bloom up close: http://www-cyanosite.bio.purdue.edu/images/lgimages/microcy5.jpg

Under the microscope: http://www-cyanosite.bio.purdue.edu/images/lgimages/microcy3.jpg

Hope this identification helps you. And hope the folks in Lake County are successful in working to reduce the number of occurences of such blooms in the future, if that is their goal. If they'd like any literature along these lines, let me know. I'll send you what I can.

Take care,

Carol M. Newhouse, Lakes Coordinator (65-40-2) Biological Studies Section Office of Water Quality Indiana Dept. of Environmental Mgmt. P.O. Box 6015 Indianapolis, IN 46206-6015

phone: 317/308-3217 fax: 317/308-3219

cnewhous@dem.state.in.us

CC:

DOREL HUNT; LEE BRIDGES; MAX MICHAEL; STEVE NEWHOUSE